1

$ FOR STATE HEALTH DEPT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15686

15687

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed with the 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in part 1 of item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: WILLIAM	Middle: H.	Last: BENNETT	2a. DATE OF DEATH: KNOWN [X] ESTIMATED [ ] Month: 10 Day: 4 Year: 1972	2b. HOUR: M
3. SEX: Male	4. RACE: Negro	5. DATE OF BIRTH: 4-17-34	6. AGE (In years last birthday): 38 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN	2c. DATE PRONOUNCED DEAD: Month: October Day: 4. Year: 1972	2d. HOUR: 4:50 A.M.
7a. BIRTHPLACE (State or foreign country): MD	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: CHARLES Md.		
10. CITY OR TOWN OF DEATH: Marshall's Corner	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): NO Box 2088	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): LABORER	12b. KIND OF BUSINESS OR INDUSTRY: Construction		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: CHARLES	13c. CITY OR TOWN: La Plata	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]	13e. STREET AND NUMBER: Box 2088	
14. FATHER'S NAME First: ALBERT	Middle:	Last: BENNETT	15. MOTHER'S MAIDEN NAME First: FLORENCE	Middle:	Last: THOMAS
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes give war or dates of service): 1955-1961	16b. SOCIAL SECURITY NO.: 213-38-3083	17. INFORMANT: ETHEL MAE BENNETT	ADDRESS: Box 2088 La Plata, MD.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gunshot wound of head
955X
DUE TO, OR AS A CONSEQUENCE OF
(b):
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [X] NO [ ]
21a. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M.: 4:00 xx 10-4 19 72	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Shot self
21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): House	21f. LOCATION Street or R.F.D. No. / City or Town / County / State: Marshall's Corner Charles Md.

22a. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ], and in my opinion death resulted from: Natural causes [ ], Accident [ ], Suicide [X], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: Marvin S Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] DEPUTY MEDICAL EXAMINER [ ]
ADDRESS (Street, city, town, or county):
22b. DATE SIGNED: October 5, 1972

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10-9-72	23c. NAME OF CEMETERY OR CREMATORY: St. Joseph's R.C.	23d. LOCATION (City or Town) (County) (State): POMFRET - CHARLES MD	
24. FUNERAL DIRECTOR: John K. Thomas	ADDRESS: THOMAS FUNERAL Rt 224 Pomonkey MD	25a. REC'D BY REGISTRAR DATE: OCT 6 1972	25b. REGISTRAR'S SIGNATURE: Sidney L. Norton	

DHMH-17 (1-71) 10M
(VR Ad. 5)

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

15687

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15688

1. DECEASED NAME (Type or Print): First: DAisy Middle: C Last: BURTON

2a. DATE KNOWN ☑ OF DEATH ESTIMATED ☐: Month 10 Day 6 Year 72

2b. HOUR: 9 AM

3. SEX: F

4. RACE: W

5. DATE OF BIRTH: 5-20-1898

6. AGE (In years last birthday): 74 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS: HOURS MIN.

2c. DATE PRONOUNCED DEAD Month 10-6 Year 72 HOUR 1 AM

7a. BIRTHPLACE (State or foreign country): Conn

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

9. COUNTY OF DEATH: Charles Md.

10. CITY OR TOWN OF DEATH: LaPlata

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Home Mercy Hosp

12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired.): Cook

12b. KIND OF BUSINESS OR INDUSTRY

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md

13b. COUNTY: Chas

13c. CITY OR TOWN: Marshall Corner

13d. INSIDE CITY LIMITS? YES ☑ NO ☐

13e. STREET AND NUMBER

14. FATHER'S NAME First: Harry Middle: James Last:

15. MOTHER'S MAIDEN NAME First: Lona Middle: Caswell Last:

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 221-50-0177

17. INFORMANT: Gloria Hampton ADDRESS: Marshall Corner Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Resp Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 20 min

DUE TO, OR AS A CONSEQUENCE OF (b): Embolism Pre Fem — 2 hrs

DUE TO, OR AS A CONSEQUENCE OF (c): Gen Arteriosclerosis — 3 yrs

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

887X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: 9-27-72

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? Fem Fem Bypass

20. AUTOPSY? YES ☐ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 9-27-72

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1, or Part 2, Item 18.): Fell walking at home

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Home

21f. LOCATION Street or R.F.D. No. City or Town: Waldorf County: State:

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: H Edelen M.D.

EXAMINER'S NAME (Type): H. J. EDELEN

CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑

ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 10-6-72

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE: 10-9-72

23c. NAME OF CEMETERY OR CREMATORY: Rural Cemetery

23d. LOCATION (City or Town) (County) (State): Waldorf Md

24. FUNERAL DIRECTOR: Willard Funeral Home ADDRESS: LaPlata Md

25a. RECD BY REGISTRAR DATE: DEC 5 1972

25b. REGISTRAR'S SIGNATURE: Sidney M Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an autopsy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1 and 2 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form ME 5. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M - 1/69

NOTE: 12/5/72

Orig. certificate replaced with M.E. certificate.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

15688 — 15689

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled, copy the [illegible] director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 1637225M (VR A 15 (4))

1. DECEASED-NAME (Type or print): First: Park[illegible] Middle: Last: Diggs
2a. DATE OF DEATH: Month: October Day: 12 Year: 1972
2b. HOUR: 8:00 P.M.
3. SEX: Male
4. RACE: Negro
5. DATE OF BIRTH: 3/18/1897
6. AGE (In years last birthday): [illegible] 75 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Charles Md.
10. CITY OR TOWN OF DEATH: La Plata
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Physicians Memorial Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired
12b. KIND OF BUSINESS OR INDUSTRY: NAVAL Powder Factory
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Charles Indian Head
13c. CITY OR TOWN: Indian Head
13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER:
14. FATHER'S NAME First Middle Last: Frank Diggs
15. MOTHER'S MAIDEN NAME First Middle Last: Mandy Jackson
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: unk
17. INFORMANT Address: Helen Diggs 813 Buchanan St NW

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PNEUMONIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF
(b) DEBILITATION - ASPIRATION — 2 wks
DUE TO, OR AS A CONSEQUENCE OF
(c) CEREBRAL Vascular Occlusion — 8 mos
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4339
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH [ ] OR CONTRIBUTING [ ] (If either, natity medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Nov. 71, to Oct 12, 1972, that (I) (we) last saw the deceased alive on Oct 12 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Henry L Burke MD DEGREE — ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 10-12-72
22d. PHYSICIAN'S NAME (Type): Henry L. Burke, M.D.
22e. ADDRESS: La Plata, Maryland 20646

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 10-18-72
23c. NAME OF CEMETERY OR CREMATORY: Church Cemetery
23d. LOCATION (City or Town) (County) (State): Nison, Maryland
24. FUNERAL DIRECTOR: Johnson & Jenkins ADDRESS: WASH. D.C 4804 GA. AVE. N.W.
25a. REC'D BY REGISTRAR DATE: OCT 24 1972
25b. REGISTRAR'S SIGNATURE: Lindsay Watson

1

FOR STATE HEALTH DEPT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15689

15690

1. DECEASED-NAME (Type or Print) First: George Middle: (N.M.N.) Last: Dyson

2a. DATE KNOWN OF DEATH ESTIMATED ☐ Month: 10 Day: 14 Year: 1972

2b. HOUR: 4:15 P.M.

2c. DATE PRONOUNCED DEAD Month: 10 Day: 14 Year: 1972

2d. HOUR: 4:15 P.M.

3. SEX: Male

4. RACE: Negro

5. DATE OF BIRTH: Nov. 1, 1932

6. AGE (In years last birthday): 41 39 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Charles Md.

10. CITY OR TOWN OF DEATH: La Plata

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Physicians Memorial Hospital

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Operator-Eng.

12b. KIND OF BUSINESS OR INDUSTRY: Buffalo Sand

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.

13b. COUNTY: Charles

13c. CITY OR TOWN: White Plains La Plata

13d. INSIDE CITY LIMITS? YES ☐ NO ☒

13e. STREET AND NUMBER: XX

14. FATHER'S NAME First: Theodore Middle: Lost: Dyson

15. MOTHER'S MAIDEN NAME First: Nettie Middle: Lost: Chase

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 218-30-4136

17. INFORMANT ADDRESS: Mrs. Mary Dyson-Wife-White Plains, Md.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Shotgun wound of abdomen
9220
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. TIME OF INJURY Month, Day, Year HOUR XX P.M. 10 14 19 72

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Gun accidentally went off

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Street

21f. LOCATION Street or R.F.D. No. / City or Town / County / State: Paddock Rest. White Plains, Charles, Md.

22a. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: W P Mulloy M.D.

EXAMINER'S NAME (Type): William P. Mulloy, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED: 10-15-72

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10/18/72

23c. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery

23d. LOCATION (City or Town) (County) (State): La Plata, Charles, Md.

24. FUNERAL DIRECTOR ADDRESS: Arehart Funeral Home, Inc.-La Plata, Md.

25a. REC'D BY REGISTRAR DATE: OCT 18 1972

25b. REGISTRAR'S SIGNATURE: Sidney H Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form DHMH-17. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 (VR A1SME 13)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15690 — 15691

FOR STATE HEALTH DEPT.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print): First JOSEPH Middle ALLEN Last HANSON
2a. DATE KNOWN OF DEATH ESTIMATED ☐: Month 10 Day 29 Year 72
2b. HOUR 1:55 A.M.
3. SEX: M
4. RACE: W
5. DATE OF BIRTH: 7-30-53
6. AGE (In years last birthday): 19 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN
2c. DATE PRONOUNCED DEAD: Month 10 Day 29 Year 72
2d. HOUR: 2:05 A.M.
7a. BIRTHPLACE (State or foreign country): Md.
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Charles Md.
10. CITY OR TOWN OF DEATH: Pisgah
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Home
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): U.S. ARMY
12b. KIND OF BUSINESS OR INDUSTRY: GOVT
13a. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) STATE: Md
13b. COUNTY: Chas
13c. CITY OR TOWN: Pisgah
13d. INSIDE CITY LIMITS? YES ☐ NO ☐
13e. STREET AND NUMBER: LA PLATA P.O.
14. FATHER'S NAME: First John Middle Dudley Last Hanson
15. MOTHER'S MAIDEN NAME: First MARJORIE Middle L. Last BOWIE
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes give war or dates of service): ACTIVE DUTY
16b. SOCIAL SECURITY NO.:
17. INFORMANT ADDRESS: JOHN HANSON, LA PLATA, MD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gunshot Chest
DUE TO, OR AS A CONSEQUENCE OF (b): Auto accident
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
8129
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10-29-72
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?:
20. AUTOPSY? YES ☐ NO ☑
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21b. TIME OF INJURY Month, Day, Year: 10:55 A.M. P.M. 10-29 1972
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Gun collision
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Roadway MD
21f. LOCATION Street or R.F.D. No.: Pisgah City or Town: Chas County: Md State:

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ and in my opinion death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: E J Edelen M.D.
EXAMINER'S NAME (Type): E.J. EDELEN M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
22b. DATE SIGNED: 10-29-72
ADDRESS (Street, city, town, or county): LA PLATA, MD.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11-1-72
23c. NAME OF CEMETERY OR CREMATORY: St Joseph's Cem.
23d. LOCATION (City or Town) (County) (State): POMFRET, MARYLAND
24. FUNERAL DIRECTOR: [redacted]
ADDRESS: Barnes F.H. SEVERNA PARK, Md.
25a. REC'D BY REGISTRAR DATE: NOV 1 1972
25b. REGISTRAR'S SIGNATURE: Evelyn Horton

DHMH-17 (1-72) 10M
(VR A15ME 15)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

15691

15692

1. DECEASED-NAME (Type or print) First: MARY Middle: D Last: HAYES

2a. DATE OF DEATH: Month 10 Day 11 Year 72

2b. HOUR: 6 55 M

3. SEX: F

4. RACE: CAUC

5. DATE OF BIRTH: 10-14-04

6. AGE (In years last birthday): 67 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN

7a. BIRTHPLACE (State or foreign country): TENN.

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: CHARLES Md.

10. CITY OR TOWN OF DEATH: LA PLATA

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): PHYSICIANS

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSEWIFE

12b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD

13b. COUNTY: CHARLES

13c. CITY OR TOWN: WALDORF

13d. INSIDE CITY LIMITS? YES [ ] NO [X]

13e. STREET AND NUMBER: RT 2 BOX 239U

14. FATHER'S NAME First: WILSON Middle: Last: DAVIS

15. MOTHER'S MAIDEN NAME First: Nancy Middle: Waymannen Last:

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: None

17. INFORMANT: JAMES L. HAYES, Address BOX 335 SEVERN, MD. 21144

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Prob. Arrhythmia

DUE TO, OR AS A CONSEQUENCE OF (b): Hypoxia - Uremia

DUE TO, OR AS A CONSEQUENCE OF (c): Malignant Tumor

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1991

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [ ] NO [X]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 9-17, 1972, to 10-11, 1972, that (I) (we) last saw the deceased alive on Oct 10 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Henry L Burke M.D. DEGREE ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: 10-11-72

22d. PHYSICIAN'S NAME (Type): HENRY L. BURKE M.D.

22e. ADDRESS: LA PLATA, MD. 20646

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 10-14-72

23c. NAME OF CEMETERY OR CREMATORY: OAKLAND CEM.

23d. LOCATION (City or Town) (County) (State): WALDORF MARYLAND

24. FUNERAL DIRECTOR: HUNT FUNERAL HOME, WALDORF, MD. ADDRESS

25a. REC'D BY REGISTRAR DATE: OCT 16 1972

25b. REGISTRAR'S SIGNATURE: Sidney M. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 16 3 72 25M
(VR A 15 (4))

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15692

15693

1 FOR STATE HEALTH DEPT.

M - F

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1 and 2 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-5. Page 3 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First: JESSE	Middle: M.	Last: HERBERT	2a. DATE KNOWN OF DEATH ☑ / ESTIMATED ☐ Month: 10 Day: 29 Year: 19 72	2b. HOUR: 7:15 M			
3. SEX: M	4. RACE: Cau	5. DATE OF BIRTH: 12-21-1893	6. AGE (In years last birthday) 88 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month: 10 Day: 29 Year: 19 72	2d. HOUR: 7:45 PM
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Charles Md.				
10. CITY OR TOWN OF DEATH: Hughesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): PHYSICIANS MEMORIAL	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): CLERK	12b. KIND OF BUSINESS OR INDUSTRY: STORE				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Chas	13c. CITY OR TOWN: Hughesville	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER			
14. FATHER'S NAME First: Samuel	Middle: P.	Last: Herbert	15. MOTHER'S MAIDEN NAME First: Julia	Middle: Frances	Last: Burroughs		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 720-16-5791	17. INFORMANT: Kenneth Dyson	ADDRESS: Hughesville, Md.				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 29 72

DUE TO, OR AS A CONSEQUENCE OF

(b): Arteriosclerotic Heart Dis — 10 29 72

DUE TO, OR AS A CONSEQUENCE OF

(c):

4109

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☑
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held on Autopsy ☐, Inspection ☑, Inquiry ☑, and in my opinion death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): E.J. EDELEN M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑

ADDRESS (Street, city, town, or county): LA PLATA, MD.

22b. DATE SIGNED: 10-29-72

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-1-72	23c. NAME OF CEMETERY OR CREMATORY: Old Fields	23d. LOCATION (City or Town) (County) (State): Hughesville Chas. Md.
24. FUNERAL DIRECTOR: Huntt Funeral Home	ADDRESS: P. O. Box 156 Waldorf, Md. 20601	25a. REC'D BY REGISTRAR DATE: NOV 6 1972	25b. REGISTRAR'S SIGNATURE: Sidney Horton

VR A15ME (S) 10M - 1-68

1

FOR STATE HEALTH DEPT.

15693

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15694

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-17 1-71 10M
(VR AISME (5))

1. DECEASED-NAME (Type or Print) First: ELIZABETH	Middle: DELPHINE	Last: HILL	2a. DATE KNOWN OF DEATH ☐ ESTIMATED ☐ Month: 10	Day: 26	Year: 72	2b. HOUR: 8A
3. SEX: F	4. RACE: Col.	5. DATE OF BIRTH: 7-16-00	6. AGE (In years last birthday): 72 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month: 10 Day: 26 Year: 72	2d. HOUR: 8:10 A.M.
7a. BIRTHPLACE (State or foreign country): Md	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH: Charles				Md.
10. CITY OR TOWN OF DEATH: LaPlata	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Charles	13c. CITY OR TOWN: LaPlata	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e. STREET AND NUMBER			
14. FATHER'S NAME First: (UNKOWN)	Middle:	Last: COOMBS	15. MOTHER'S MAIDEN NAME First: ALICE	Middle:	Last: YATES.		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 218-38-6958	17. INFORMANT: BERNADINE COLBERT – DAUGHTER	ADDRESS: 309 LIVINGSTON TERRACE S.E. WASH. D.C.			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10-26-72
DUE TO, OR AS A CONSEQUENCE OF (b): Hypertensive — 4100
DUE TO, OR AS A CONSEQUENCE OF (c): Arteriosclerosis
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and in my opinion death resulted from: Natural Causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE _____ M.D.
EXAMINER'S NAME (Type): E. J. EDELEN
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ADDRESS(Street, city, town, or county)
22b. DATE SIGNED: 10-26-72

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	10/30/72	Holy Ghost Cemetery	Issue Ch., MD.

24 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Arehart Funeral Home, Inc. LaPlata, Md.	NOV 6 1972	Sidney P. Morton

1

FOR STATE HEALTH DEPT.

15694

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15695

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: Evelyn	Middle: Nesbit	Last: Jackson	2a. DATE OF DEATH: KNOWN [X] ESTIMATED [ ]	Month: 10	Day: 14	Year: 1972	2b. HOUR: 5:00 P.M.
3. SEX: Female	4. RACE: Negro	5. DATE OF BIRTH: 6-19-1920	6. AGE (In years last birthday): 52 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	2c. DATE PRONOUNCED DEAD: Month 10	Day 14	Year 1972	2d. HOUR: 5:00 P.M.
7a. BIRTHPLACE (State or foreign country): Wash, DC	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Charles Md.						
10. CITY OR TOWN OF DEATH: LaPlata	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Physicians Memorial Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Domestic worker	12b. KIND OF BUSINESS OR INDUSTRY						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Charles	13c. CITY OR TOWN: Doncaster	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]	13e. STREET AND NUMBER					
14. FATHER'S NAME First: Emmett	Middle: Starks	Last	15. MOTHER'S MAIDEN NAME First: Esther	Middle	Last: Carter				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: Carolyn Swann	ADDRESS: Rison Md.					

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Shotgun wound of chest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
965X
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [X] NO [ ]
21a. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 4:00 P.M. 10 14 19 72	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): shot in chest
21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): home	21f. LOCATION Street or R.F.D. No. / City or Town / County / State: Doncaster, Charles, Md.

22a. **I certify** that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ], and in my opinion death resulted from: Natural causes [ ], Accident [ ], Suicide [ ], Homicide [X], Undetermined manner [ ]

ACTUAL SIGNATURE: W P Mulloy M.D.
EXAMINER'S NAME (Type): William P. Mulloy, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
DEPUTY MEDICAL EXAMINER [ ]
ADDRESS (Street, city, town, or county)
22b. DATE SIGNED: 10-15-72

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10-21-72	23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Church Cem	23d. LOCATION (City or Town) (County) (State): Iron Sides Charles, Md.		
24. FUNERAL DIRECTOR: Thornton Funeral Home	ADDRESS: Pomonkey RR#1 Box 115 Md.	25a. REC'D BY REGISTRAR DATE: OCT 19 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton		

DHMH-17 1/71-10M
(VR A15ME (S))

FOR STATE HEALTH DEPT.

15695

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15696

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in item 16. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: Raymond	Middle:	Last: Jackson	2a. DATE OF DEATH: KNOWN [X] ESTIMATED [ ]	Month: 10	Day: 14	Year: 1972	2b. HOUR: 5:00 P.M.
3. SEX: Male	4. RACE: Negro	5. DATE OF BIRTH: 2-11-20	6. AGE (In years last birthday): 52 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month 10	Day 14	Year 1972	2d. HOUR: 5:00 P.M.
7a. BIRTHPLACE (State or foreign country): Doncaster Md	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Charles Md.						
10. CITY OR TOWN OF DEATH: La Plata	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Physiciana Memorial Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Laborer	12b. KIND OF BUSINESS OR INDUSTRY						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Charles	13c. CITY OR TOWN: Doncaster	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]	13e. STREET AND NUMBER					
14. FATHER'S NAME: First Edmond	Middle	Last Jackson	15. MOTHER'S MAIDEN NAME: First Rosie	Middle Milstead	Last Jackson				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 214-16-7181	17. INFORMANT: Carolyn Swann	ADDRESS: Bison Md						

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Shotgun wound of chest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

955X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b):

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [X] NO [ ]	
21a. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR: 4:00 P.M. 10 14 19 72	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): shot self in chest	
21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): home	21f. LOCATION Street or R.F.D. No. / City or Town: Doncaster, / County: Charles, / State: Md.	

22a. **I certify** that I took charge of the remains described above, held an Autopsy [X] Inspection [ ], Inquiry [ ], and in my opinion death resulted from: Natural causes [ ], Accident [ ], Suicide [X], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: W P Mulloy M.D.

EXAMINER'S NAME (Type): William P. Mulloy, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
DEPUTY MEDICAL EXAMINER [ ]
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED: 10-15-72

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10-21-72	23c. NAME OF CEMETERY OR CREMATORY: MT. Hope Church Cem	23d. LOCATION (City or Town): Frondes (County): Charles (State): Md		
24. FUNERAL DIRECTOR: Thornton Funeral	ADDRESS: Pomonkey Md RR1 Box 115	25a. REC'D BY REGISTRAR DATE: OCT 19 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton		

DHMH-17 (1-71) TOM (VR AIS/MP (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

15696 — 15697

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 (Y 71 30M (VR A 15 (4))

1. DECEASED-NAME (Type or print): First: John Douglas; Middle: ; Last: Marshall
2a. DATE OF DEATH: Month: 10 Day: 10 Year: 1972
2b. HOUR: 1-30 AM
3. SEX: Male
4. RACE: White US
5. DATE OF BIRTH: 3-15-1897
6. AGE (In years last birthday): 75 YRS.
IF UNDER 1 YEAR: MONTHS: ; DAYS:
IF UNDER 24 HRS.: HOURS: ; MIN.:
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Charles Md.
10. CITY OR TOWN OF DEATH: LaPlata Md
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Physicians Memor LaPlata Md.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Groceryman
12b. KIND OF BUSINESS OR INDUSTRY: Merchant
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Charles
13c. CITY OR TOWN: LaPlata Md.
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: 705-Anarundle Ave. LA PLATA
14. FATHER'S NAME First: John Phillip Middle: Last: Marshall
15. MOTHER'S MAIDEN NAME First: Effie Middle: Hardy Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service):
16b. SOCIAL SECURITY NO.: 219-32-1151
17. INFORMANT: Wife-~~Elenor~~ ELSIE H. Marshall Address: Anarundle Ave LaPlata Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage, Left Side — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 13-Days
DUE TO, OR AS A CONSEQUENCE OF
(b): Hypertension — Indefinite
DUE TO, OR AS A CONSEQUENCE OF
(c): A Ageing Process — Indefinite
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4310

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medicol examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (this hospital) attended the deceased from 9-28- , 1972, to 10- 10 , 1972, that (I) (we) last saw the deceased alive on 10-9-1972 19 , and that in (my) (our) opinion death occurred on the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: James E Andrews MD — DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 10-10-1972
22d. PHYSICIAN'S NAME (Type): James E. Andrews MD
22e. ADDRESS: Indian Head Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/12/72
23c. NAME OF CEMETERY OR CREMATORY: Mt Rest Cemetery
23d. LOCATION (City or Town) (County) (State): LaPlata, Charles, Md.
24. FUNERAL DIRECTOR: Orchard Funeral Home, Inc. ADDRESS: LaPlata, Md.
25a. REC'D BY REGISTRAR DATE: OCT 16 1972
25b. REGISTRAR'S SIGNATURE: Audrey L Norton

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15697 — 15698

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VRA 5(4) 25m-1/70

1. DECEASED-NAME (Type or print): First Joseph Middle William Last MORELAND
2a. DATE OF DEATH: Month Oct Day 3 Year 1972
2b. HOUR: 9:15 P M
3. SEX: Male
4. RACE: Cau.
5. DATE OF BIRTH: 2 July 1927
6. AGE (In years last birthday): 45 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: CHARLES Md.
10. CITY OR TOWN OF DEATH: LA PLATA
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 307 E. HAWTHORNE DR
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Tobacconist.
12b. KIND OF BUSINESS OR INDUSTRY: TOBACCO
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Char
13c. CITY OR TOWN: La Plata.
13d. INSIDE CITY LIMITS? YES ☑ NO ☐
13e. STREET AND NUMBER: 307 E. Hawthorne Dr.
14. FATHER'S NAME: First Russell Middle E. Last Moreland.
15. MOTHER'S MAIDEN NAME: First Ruby Middle Lucille Last Welch
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): 0ct 50 – Nov 51
16b. SOCIAL SECURITY NO.: 220-16-4576
17. INFORMANT: Wife: Mary Susan Moreland. Address: La Plata. Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Respiratory Collapse — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 20 min
DUE TO, OR AS A CONSEQUENCE OF
(b): Metastatic Carcinoma, Generalized — 2 years
DUE TO, OR AS A CONSEQUENCE OF
(c): Carcinoma, Ascending Colon — 2 1/2 yrs
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
1530

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: Feb '70, Feb '72
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: – remov. of Ca of ascending colon – remov. of Ca of colon
20a. AUTOPSY? YES ☐ NO ☑
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from February, 1970, to October, 1972, that (I) (we) last saw the deceased alive on 5 October 1972, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Woodby MD — DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 5 Octobr 72
22d. PHYSICIAN'S NAME (Type): ARTHUR O. WOODBY MD
22e. ADDRESS: LA PLATA MD. 20646

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 9 1972
23c. NAME OF CEMETERY OR CREMATORY: St. Peters Cem.
23d. LOCATION (City or Town) (County) (State): Waldorf Chas. Md.

24. FUNERAL DIRECTOR: Hewitt Funeral Home — ADDRESS: Waldorf Md.
25a. REC'D BY REGISTRAR DATE: OCT 12 1972
25b. REGISTRAR'S SIGNATURE: Sidney Norton

1

FOR STATE HEALTH DEPT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15698 15699

1. DECEASED-NAME (Type or Print) First: Thorida Middle: Jane Last: Pike

2a. DATE KNOWN OF DEATH ESTIMATED ☐ Month: 10 Day: 29 Year: 19 72 — 2b. HOUR: 1 AM

3. SEX: F — 4. RACE: W — 5. DATE OF BIRTH: 12-14-53 — 6. AGE (In years last birthday): 18 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.

2c. DATE PRONOUNCED DEAD Month: 10 Day: 29 Year: 19 72 — 2d. HOUR: 2 PM

7a. BIRTHPLACE (State or foreign country): Penn. — 7b. CITIZEN OF WHAT COUNTRY?: USA — 8. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐ — 9. COUNTY OF DEATH: Clas (Charles) Md.

10. CITY OR TOWN OF DEATH: La Plata — 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Physician's Memorial Hospital DOA from Pipley, Md. — 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Clerk — 12b. KIND OF BUSINESS OR INDUSTRY: FBI

13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md — 13b. COUNTY: Clas — 13c. CITY OR TOWN: La Plata — 13d. INSIDE CITY LIMITS? YES ☐ NO ☐ — 13e. STREET AND NUMBER: Woodhaven Park

14. FATHER'S NAME: LEWIS Robert Pike — 15. MOTHER'S MAIDEN NAME: First Janet Middle L. Last Kimmel

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or Unknown): No — (If yes give war or dates of service) — 16b. SOCIAL SECURITY NO. — 17. INFORMANT ADDRESS: Lewis R.Pike,Star Rt.3,La Plata,Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a): Compound frac of

DUE TO, OR AS A CONSEQUENCE OF (b): Skull - other severe inj

DUE TO, OR AS A CONSEQUENCE OF (c): Car auto accident

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. — 8129

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10-29-72

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20. AUTOPSY? YES ☐ NO ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b. TIME OF INJURY Month, Day, Year: 10-29 19 72 — HOUR A.M. P.M. — 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.): Car accident

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑ — 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Hwy 301 — 21f. LOCATION Street or R.F.D. No.: La Plata Hwy. Head — City or Town — County: Clas — State: Md

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and in my opinian death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Hamicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: E.J. Edelen M.D. — CHIEF MEDICAL EXAMINER ☐ — ASSISTANT MEDICAL EXAMINER ☐ — DEPUTY MEDICAL EXAMINER ☑

EXAMINER'S NAME (Type): E.J.EDELEN, M.D.,La Plata,Md. — ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 10-29-72

23a. BURIAL, CREMATION, REMOVAL (Specify) — 23b. DATE — 23c. NAME OF CEMETERY OR CREMATORY — 23d. LOCATION (City or Town) (County) (State)

Nov.2,1972 Trinity Memorial Gardens,Waldorf,Charles,Md.

24. FUNERAL DIRECTOR — ADDRESS: Arehart Funeral Home, Inc. LaPlata, Md.

25a. REC'D BY REGISTRAR DATE: NOV 6 1972 — 25b. REGISTRAR'S SIGNATURE: Audrey M. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 19. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form DHMH-[illegible]. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event within 72 hours after death.

DHMH-[illegible] 1-71 10M
(VR Ar. 4M 6-))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

15699 — 15700

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 10/3/72 25M
(VR A15 (4))

1. DECEASED-NAME (Type or print) First: Ross	Middle: JOHN	Last: Poole	2a. DATE OF DEATH: 10 Month, 2 Day, 72 Year	2b. HOUR: 7:30P M
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: 10/23/93	6. AGE (In years last birthday): 78 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Virginia	7b. CITIZEN OF WHAT COUNTRY?: United States	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Charles County Md.	
10. CITY OR TOWN OF DEATH: LaPlata	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Physicians Memorial	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Farming (retired)	12b. KIND OF BUSINESS OR INDUSTRY: Farm	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Charles	13c. CITY OR TOWN: LaPlata	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]	13e. STREET AND NUMBER: StarRt.3-Box [illegible] 280
14. FATHER'S NAME First / Middle / Last: Thomas Poole		15. MOTHER'S MAIDEN NAME First / Middle / Last: Hattie Williams		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 217142855	17. INFORMANT: Elsie Poole -Wife,	Address: Box 280 Md. Star Rt.3, La Plata	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 wk
DUE TO, OR AS A CONSEQUENCE OF
(b): Metastatic Carcinoma — 6 mo
DUE TO, OR AS A CONSEQUENCE OF
(c): colon

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1538

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from 8/4/72, 19___, to 10/2/72, 19___, that (I) (we) last saw the deceased alive on ___, 19___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Robert W. Ireland DEGREE	ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 10/3/72	
22d. PHYSICIAN'S NAME (Type): Robert W. Ireland, M.D.	22e. ADDRESS: 612 Charles St., LaPlata, Md. 20646		

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE: 10/5/72	23c. NAME OF CEMETERY OR CREMATORY: Methodist Cemetery	23d. LOCATION (City or Town) (County) (State): Dentsville, Charles, Md.	
24. FUNERAL DIRECTOR: Orchard Funeral Home, Inc	ADDRESS: La Plata, Md.	25a. REC'D BY REGISTRAR DATE: OCT 6 1972	25b. REGISTRAR'S SIGNATURE: Sidney P. Morton	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

15700 — 15701

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH - 163 (7-72-25M)
(VR A15 (4))

1. DECEASED-NAME (Type or print): First KATHERINE Middle ELLEN Last POSEY
2a. DATE OF DEATH: Month Oct. Day 18 Year 1972
2b. HOUR: 6:25 A.M.
3. SEX: F
4. RACE: Caucasian
5. DATE OF BIRTH: Jan. 13, 1891
6. AGE (In years last birthday): 81 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
9. COUNTY OF DEATH: Charles Md.
10. CITY OR TOWN OF DEATH: LA PLATA
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): RT6-La Plata
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md
13b. COUNTY: Charles
13c. CITY OR TOWN: La Plata
13d. INSIDE CITY LIMITS? YES ☐ NO ☐
13e. STREET AND NUMBER:
14. FATHER'S NAME: First Adrian Middle Last Posey
15. MOTHER'S MAIDEN NAME: First Mary Middle Agnes Last Howard
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 220-44-0494
17. INFORMANT: Mrs. Robt. Kelly Address: 801 Heatherwood Rd. Bluefield, W. Va.

MEDICAL CERTIFICATION

1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Probable Cardiac Arrhythmia
DUE TO, OR AS A CONSEQUENCE OF (b): Hypertensive Cardiovascular Dis
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4122
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☑
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Oct, 1972, to Oct 18, 1972, that (I) (we) last saw the deceased alive on Oct 17 1972, and that in (my) (our) opinion death occurred at the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Henry F Burke DEGREE — ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 10-18-72
22d. PHYSICIAN'S NAME (Type): HENRY L. BURKE
22e. ADDRESS: La Plata

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-20-72
23c. NAME OF CEMETERY OR CREMATORY: St. Ignatius
23d. LOCATION (City or Town) (County) (State): Bel Alton Chas. Md.
24. FUNERAL DIRECTOR — ADDRESS: Huntt F. H., PO Box 156, Waldorf, Md.
25a. REC'D BY REGISTRAR DATE: OCT 24 1972
25b. REGISTRAR'S SIGNATURE: Sidney L Norton

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15701 — 15702

1

M

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers and pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First Phillip; Middle; Last Posey
2a. DATE OF DEATH: Month Oct. Day 27 Year 1972
2b. HOUR: P.M
3. SEX: Male
4. RACE: Negro
5. DATE OF BIRTH: Oct. 31, 1898
6. AGE (In years last birthday): 73 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Nanjemoy, Md.
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Charles Co. Md.
10. CITY OR TOWN OF DEATH: Nanjemoy, Md.
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institutian: Residence before admission) STATE: Md.
13b. COUNTY: Charles
13c. CITY OR TOWN: Nanjemoy
13d. INSIDE CITY LIMITS? YES ☐ NO ☑
13e. STREET AND NUMBER
14. FATHER'S NAME First Richard; Middle; Last Posey
15. MOTHER'S MAIDEN NAME First Henrettia; Middle; Last Carter
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 163-03-4014
17. INFORMANT: Mamie Posey Address: Nanjemoy, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ca of the liver
DUE TO, OR AS A CONSEQUENCE OF
(b):
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☑
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on Aug 19 72, and that in (my) (aur) opinian death occurred an the date ond hour ond from the couses stated abave, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Ignacio T. Garcia MD DEGREE — ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 10-27-72
22d. PHYSICIAN'S NAME (Type): Ignacio T. Garcia, M.D.
22e. ADDRESS: La Plata, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: Nov. 4, 1972
23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Baptist Church
23d. LOCATION (City or Town) (County) (State): Ironsides Charles, Md.
24. FUNERAL DIRECTOR: Thornton's Funeral Home
ADDRESS: Route 1 - Box 115 Pomonkey, Md.
25a. REC'D BY REGISTRAR DATE: NOV 1 1972
25b. REGISTRAR'S SIGNATURE: Sidney H. Norton

VR(A) 5-(a) 25M 1/70

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

15702 — 15703

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DHMH-16 1-71 30M (VR A15 (4))

1. DECEASED-NAME (Type or print): First: Mary; Middle: E.; Last: Schaub
2a. DATE OF DEATH: Month: 10; Day: 23; Year: 72
2b. HOUR: 11:55 M
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 1/24/32
6. AGE (In years last birthday): 40 YRS. (IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN.)
7a. BIRTHPLACE (State or foreign country): Washington, D.C.
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Charles Md.
10. CITY OR TOWN OF DEATH: La Plata,
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Physicians Memor.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): DRIVER
12b. KIND OF BUSINESS OR INDUSTRY: School Bus
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Charles
13c. CITY OR TOWN: Rock Point
13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER:
14. FATHER'S NAME: First: Lester; Middle: Raymond; Last: Griffith
15. MOTHER'S MAIDEN NAME: First: Vivian; Middle: Pauline; Last: Bennett
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 578-42-8114
17. INFORMANT: Address: Henry Schaub, Rt. 4, Box 9D, Waldorf Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acidosis
DUE TO, OR AS A CONSEQUENCE OF (b): Bowel obstruction
DUE TO, OR AS A CONSEQUENCE OF (c): Volvulus
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
5602
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [X] NO [ ]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify that I (this hospital) attended the deceased from _____, 19____, to _____, 19____, that I (we) last saw the deceased alive on _____ 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. I (we) (did) (did not) view the body after death.

22b. SIGNATURE: M. Cockburn M.D. DEGREE ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]
22c. DATE SIGNED: October 23rd, 1972
22d. PHYSICIAN'S NAME (Type): M.S. COCKBURN
22e. ADDRESS:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-26-72
23c. NAME OF CEMETERY OR CREMATORY: Trinity Memorial Gard
23d. LOCATION (City or Town) (County) (State): Waldorf Charles Maryland
24. FUNERAL DIRECTOR: Hunt Funeral Home
ADDRESS: Waldorf, Md
25a. REC'D BY REGISTRAR DATE: OCT 30 1972
25b. REGISTRAR'S SIGNATURE: Sidney M Norton

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

15703 — 15704

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: RUBIE	Middle: E.	Last: THOMAS	2a. DATE OF DEATH: 10/2/72 (Month, Day, Year)	2b. HOUR: 1:45P M
3. SEX: Female	4. RACE: Negro	5. DATE OF BIRTH: 4/7/1895	6. AGE (In years last birthday): 77 YRS.	IF UNDER 1 YEAR: MONTHS, DAYS	IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: Charles USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Charles Md.		
10. CITY OR TOWN OF DEATH: La Plata, Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Physicians Mem.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Charles	13c. CITY OR TOWN: Mt. Victoria	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: Rte 6 Box 95K	
14. FATHER'S NAME First: Noval	Middle: W.	Last: Dyson	15. MOTHER'S MAIDEN NAME First: Blanche	Middle:	Last: Marshall
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 220 16 9143	17. INFORMANT Address: Wm. Thomas - Thompkinsville, Md.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary embolism
DUE TO, OR AS A CONSEQUENCE OF (b): Thrombophlebosis
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4519
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Carcinoma Colon

19a. DATE OF OPERATION: 9-28-72	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ca. Colon	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21a. ACCIDENT WAS OR CONTRIBUTING ☐ UNDERLYING CAUSE OF DEATH ☐ (If either, notify medicol examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County Stote

22a. I certify that (I) (this hospitol) attended the deceased from 9-26, 1972 to 10-2, 1972, that (I) (we) last saw the deceased alive on 9-3 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Cockburn MD DEGREE	ATTENDING PHYS. ☐ MED. DIRECTOR ☒ STAFF PHYS. ☐	22c. DATE SIGNED: 10-3-72	
22d. PHYSICIAN'S NAME (Type): M. S. COCKBURN, MD	22e. ADDRESS		

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE: 10-7-1972	23c. NAME OF CEMETERY OR CREMATORY: Shiloh U.M. Ch. Cem.	23d. LOCATION (City or Town) (County) (State): Newburg - Chas. Md.	
24. FUNERAL DIRECTOR: Martell Adams	ADDRESS: Aquasco, Md.	25a. REC'D BY REGISTRAR DATE: OCT 13 1972	25b. REGISTRAR'S SIGNATURE: Sidney H. Norton	

DHMH-16 (VR-A15 (4)) L-30M

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

15704 15705

1. DECEASED-NAME (Type or print) First: George Middle: L. Last: Wassman
2a. DATE OF DEATH: Month 10 Day 13 Year 72
2b. HOUR: 1:15 AM
3. SEX: M
4. RACE: W
5. DATE OF BIRTH: 1/2/[illegible] 1896
6. AGE (In years lost birthday): 76 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): Wash. D.C.
7b. CITIZEN OF WHAT COUNTRY?: United States
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Charles County Md.
10. CITY OR TOWN OF DEATH: LaPlata
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Physician's Mem. Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): PAINTER-RETIRED
12b. KIND OF BUSINESS OR INDUSTRY: JAFFEE, Co.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Charles
13c. CITY OR TOWN: Nanjemoy
13d. INSIDE CITY LIMITS? YES [ ] NO [ ]
13e. STREET AND NUMBER: Box 135
14. FATHER'S NAME First: DEITRICK Middle: WASSMANN Last:
15. MOTHER'S MAIDEN NAME First: ANNA Middle: FERBER Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 578-01-3170
17. INFORMANT: A. MARIE WASSMANN - WIFE Address: BOX 135 NANJEMOY, MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 wks
DUE TO, OR AS A CONSEQUENCE OF
(b): Cancer of the lungs. — 3 mo.
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING [ ] UNDERLYING CAUSE OF DEATH [ ] (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 10/11/72, 19____, to 10/13/72, 19____, that (I) (we) last saw the deceased alive on 10/12/72 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Robert W. Ireland DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 10/13/72
22d. PHYSICIAN'S NAME (Type): Robert W. Ireland, M.D.
22e. ADDRESS: 612 Charles St., LaPlata, Md. 20646

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 10/15/72
23c. NAME OF CEMETERY OR CREMATORY: OLD DURHAM CEMETERY
23d. LOCATION (City or Town) (County) (State): IRONSIDES CHARLES, MD.
24. FUNERAL DIRECTOR: Orchard Funeral Home, Inc. ADDRESS: LaPlata, Md.
25a. REC'D BY REGISTRAR DATE: OCT 18 1972
25b. REGISTRAR'S SIGNATURE: Audrey M. Norton

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
DHMH-16 (V-71) 30M (VR AVS (4))

4 1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15705 15706

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Doy	Year	2b. HOUR
Lewis	Oliver	Wheeler	Oct.	24	72	12 Mid M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN
Male	W.	22 Nov 1893	78 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Chas Co.	U S		Charles Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
La Plata.	Physicians Memd.	Farmer.	Agg.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Chas.	Inc'ported	YES ☐ NO ☑	Rt 224 Box 452.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Peter	Leander	Wheeler	Roberta	Gertrude.	Milstead.

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
Yes	WW I.	219-16-1973	Wife: Alice Speake Wheeler	Ind

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4310	IMMEDIATE CAUSE (a) Respiratory Collapse	20 m
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF (b) Massive Cerebral Hemorrhage	6 hrs.
	DUE TO, OR AS A CONSEQUENCE OF (c) Hypertensive arteriosclerotic disease	Years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from 24 Oct, 1972 to 24 Oct, 1972, that (I) (~~we~~) last saw the deceased alive on 24 Oct 1972, and that in (my) (~~our~~) opinian death accurred on the date ond hour and from the couses stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Arthur O. Wooddy MD	MD		☑	☐	25 Oct 72

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
ARTHUR O. WOODDY. MD	LA PLATA. MD.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
	10-27-72	CHICAMUXEN METH. CEM.	CHICAMUXEN	CHARLES	MD

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Urchart Funeral Home, Inc	La Plata, Md.	NOV 6 1972	Sidney H Norton

VR A15 (A) 25m-1/70

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

15706

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15707

1. DECEASED-NAME (Type or Print): First: James Kent Willett; Middle; Last

2a. DATE KNOWN OF DEATH ☒ ESTIMATED ☐: Month 10 Day 6 Year 19 1972

2b. HOUR: 9-30 P.M.

3. SEX: Male

4. RACE: W-US

5. DATE OF BIRTH: 9-29-1913

6. AGE (In years last birthday): 59 YRS. IF UNDER 1 YEAR: MONTHS; DAYS. IF UNDER 24 HRS: HOURS; MIN.

2c. DATE PRONOUNCED DEAD: Month 10-6-1972 Day Year 19

2d. HOUR: 9-30 P.M.

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Charles County Md. Md.

10. CITY OR TOWN OF DEATH: LaPlata Md.

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): ~~My~~ Physicians Memorial Hosp LaPlata, Md.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Research & Develop.

12b. KIND OF BUSINESS OR INDUSTRY: N.O.S.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland Maryland

13b. COUNTY: Charles

13c. CITY OR TOWN: Indian Head Md

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 10-17-Strauss Ave

14. FATHER'S NAME: First Middle Last: Samuel L. Willett

15. MOTHER'S MAIDEN NAME: First Middle Last: Mary A. Winkler

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 216-44-3630

17. INFORMANT: Wife-Janette A. Willett

ADDRESS: 1017-Strauss Avenue Indian Head

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Injuries Multiple Extreme — Approximate interval between onset and death: Immediate

DUE TO, OR AS A CONSEQUENCE OF

(b): Auto Accident-210 Rt, Indian Head Md — Immediate

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

8147

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): None

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 8-30 19 72

21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.): Struck by Automobile on Rt-210- Indian Head Md.

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Rt.210 Indian Head Md,

21f. LOCATION Street or R.F.D. No.: Rt-210 Indian Head Md. City or Town: Chas.Co. County State

MEDICAL CERTIFICATION

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: James E. Andrews M.D.

EXAMINER'S NAME (Type): James E. Andrews MD Indian Head Md.

CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐

ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 9-7-1972

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10-10-72

23c. NAME OF CEMETERY OR CREMATORY: Trinity Mem. Gardens

23d. LOCATION (City or Town) (County) (State): Waldorf, Maryland

24. FUNERAL DIRECTOR: Huntt Funeral Home, Waldorf, Md.

ADDRESS

25a. REC'D BY REGISTRAR DATE OCT 12 1972

25b. REGISTRAR'S SIGNATURE: Sidney H. Norton

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessory, please execute the certificate, writing the word "pending" in pencil in Item 22. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with PM3. Page 3 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A1SME (5) 10M 1/69